

Contract No.: DAWS01-95-D-0029
MPR Reference No.: 8438-012

1997 Health Care Survey of DoD Beneficiaries:

Technical Regional Report Alaska

July 1998

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Chapter

1

Introduction

The Health Care Survey of DoD Beneficiaries (HCSDB) is a survey of a large, randomly selected and representative sample of U.S. Department of Defense (DoD) beneficiaries. Conducted annually since 1995 and sponsored by the Office of the Assistant Secretary of Defense (Health Affairs) [OASD(HA)], the survey is conducted under the authority of the National Defense Authorization Act for Fiscal Year 1993 (P.L. 102-484).

This document, one in a series of reports on the 1997 HCSDB, presents the detailed findings of the 1997 HCSDB. This chapter explains the basic framework of the survey and how to use its findings.

Research Questions

The HCSDB is designed to answer the following five questions:

- How *satisfied* are (DoD) beneficiaries with their health care?
- How *accessible* is health care at military and civilian facilities to DoD beneficiaries?
- How *knowledgeable* are beneficiaries about *TRICARE* and *TRICARE Prime*, and what are the *sources of information* about TRICARE?
- What health care *services* do beneficiaries *use*, and what are the *sources* of those services?
- How much, and what types of, *preventive health care* do beneficiaries use?

Reports in the Series

This report is the third in a series of three companion reports, which include the following:

- **The 1997 Health Care Survey of DoD Beneficiaries: Key Findings for Alaska.** This report summarizes the key findings for the region. Together with complementary reports on the other 12 TRICARE regions, it serves as an executive summary of the entire study. Each of the 13 reports provides a brief overview of the purpose, background, and methodology of the survey; suggestions on how to use the survey findings; and data exhibits and summaries of findings for each of the five principal research questions outlined above.
- **The 1997 Health Care Survey of DoD Beneficiaries: Summary Report on Catchment Areas for Alaska.** This report presents key survey results for each catchment area in the region. This report also contains an executive summary of the purpose and methodology of the survey. The catchment area report should be sent to catchment area commanders.

- **The 1997 Health Care Survey of DoD Beneficiaries: Technical Regional Report for Alaska.**
This report has three functions. First, it presents a complete and detailed documentation of the survey methodology and is to be used as a reference. Second, it presents a complete set of survey results for the region. Third, it presents key survey results for each catchment area in the region.

Background

Title VII, Subtitle C, of the National Defense Authorization Act for Fiscal Year 1993 directs the U.S. Secretary of Defense to conduct an annual survey of DoD beneficiaries to assess their knowledge and use of the military health care system as well as their satisfaction with its accessibility and quality of care. In 1993, DoD assigned responsibility for the survey to OASD(HA), which designed the survey in 1994 and sponsored its administration in 1995, 1996, and 1997. Following the 1995 and 1996 surveys, OASD(HA) provided a regional report on the survey findings to each Lead Agent.

In the summer of 1997, OASD(HA) sponsored a re-evaluation of these regional reports. United HealthCare performed the assessment, interviewing several Lead Agents and their staff members and making recommendations to OASD(HC) for future reports. The reports in this 1997 series are based on those recommendations.

How to Interpret the Survey Findings

Focusing on the research underlying the HCSDB is the best way to understand and make use of the survey findings. Those questions, outlined on page 1, reflect two sets of variables.

The first set of variables comprises the *outcome* (or dependent) *variables*. These include answers to survey questions on beneficiaries' satisfaction with their health care, barriers to accessing care, knowledge of TRICARE, use of health care and preventive services, and sources of health care.

The second set of variables comprises the *explanatory* (or independent) *variables*, which may help explain differences in one or more of the outcome variables listed above. Table 1, in Appendix B for example, presents findings on the satisfaction of beneficiaries who used some health care in the previous 12 months by region. The table addresses the question: "How does the satisfaction of beneficiaries (the outcome variable) differ across regions (the explanatory variables)?" In other words, on average, does the location of beneficiaries in a particular region appear to affect their level of satisfaction?

Throughout this report, the outcome variables are shown as rows in a table, and the explanatory variables are shown as columns.

It is important to recognize that the results of any survey are not strictly precise. The statistics presented in this report are *estimates* of the true answers to the research questions, both because the survey is based on a sample, rather than on a census of the entire population in the Defense Enrollment Eligibility Reporting System (DEERS), and because some of the people surveyed chose not to respond. The survey design does, however, allow us to evaluate how precise the estimates are. The standard error of each cell in all tables is presented immediately below the cell estimate.

Methodology

In September 1997 the Defense Manpower Data Center (DMDC) drew a random sample of DoD beneficiaries from the DEERS database that is representative of all persons in the system as of July 14, 1997. DEERS includes all persons eligible for a military health system (MHS) benefit: personnel activated for more than 30 days in the Army, Air Force, Navy, Marine Corps, Coast Guard, Commissioned Corps of the Public Health Service, National Oceanic and Atmospheric Administration, and National Guard or Reserve, as well as other special categories of people who qualify for health benefits. DEERS covers active duty personnel and their families, as well as retirees and their family members.

In November and December 1997, Data Recognition Corporation mailed the survey questionnaire to 156,388 adults and 30,253 parents of sampled beneficiaries under age 18. Of the adult questionnaires, 78,857 were completed and returned by the due date of March 31, 1998, for a response rate of 50.8 percent. Of the child questionnaires, 14,293 were completed and returned by the due date, for a response rate of 47.4 percent.

Both the adult and child questionnaires include a variety of questions designed to answer the five research questions listed on page 1, although the child questionnaire covers them in somewhat less detail.

To ensure that the survey results are representative of the DEERS population, Mathematica Policy Research, Inc. (MPR) adjusted the data to reflect the characteristics of the initial sample and to correct for the sampled individuals who chose not to respond to the survey. The data in this report are therefore estimated to be representative of the population of persons eligible for military health care. The survey methodology and analysis are described in detail in "The 1997 Health Care Survey of DoD Beneficiaries (HCSDB): Technical Manual."

The HCSDB in Context with Other Data Sources

The HCSDB is one of several DoD health surveys. The HCSDB is unique, providing information that is unavailable from any other DoD health survey. Specifically, the HCSDB is the only survey covering the topics listed above representing *all* DoD beneficiaries. The other DoD health surveys represent only a portion of the beneficiary population. Thus, the HCSDB is the only data on these topics representing the entire population a Lead Agent or a MTF commander is charged with.

The following is a summary contrasting the HCSDB with these other sources:

- **Health Enrollment Assessment Review (HEAR).** The health status findings of the HCSDB are not comparable to those of the HEAR because the surveys represent different populations. The HCSDB represents all military health system beneficiaries as of a single date, July 14, 1997, and their survey responses between December 1997 and March 1998 (for the 1997 HCSDB). In contrast, the HEAR represents those who enrolled in TRICARE during the previous year; the results are considered a part of the patient's medical record as a managed care tool, and are seldom accessible for making generalizations. New enrollees do not, in general, have the same health status or other characteristics as the population of all beneficiaries. For example, new enrollees are younger, on average, than other beneficiaries, and their health status is therefore different from that of older beneficiaries.
- **MTF Customer Satisfaction Survey.** The HCSDB results on satisfaction are not comparable to the results of the Customer Satisfaction Survey, again because the two surveys represent different populations. The HCSDB results represent the satisfaction of all DoD beneficiaries, regardless of the source of care, whereas the Customer Satisfaction Survey results represent the satisfaction of patients, that is, those who visit a MTF or other military clinic. Moreover, the Customer Satisfaction Survey queries its sample members immediately following the person's visits to the MTF or clinic and asks about that specific visit. The results will be significantly different if an individual is

generalizing their satisfaction over an extended period, as in the HCSDB, as compared to focusing on a specific visit.

- **Survey of Health-Related Behaviors among Military Personnel (SHRBMP).** The preventive care results of the HCSDB are not comparable to those of the SHRBMP because the two surveys represent different populations. While the HCSDB results represent the preventive care of all DoD beneficiaries, the SHRBMP results represents only active duty personnel. The SHRBMP focuses on specific behaviors that put the active duty member or his family at risk of illness or injury. Further, the HCSDB is annual, while the SHRBMP is fielded once every 18 months to three years.
- **MHS Performance Report Card.** Although several performance measures in the MHS Performance Report Card appear to be the same as certain HSCDB measures, comparing the findings of these two surveys is not meaningful for two reasons. First, the Report Card represents an individual MTF, while the HSCDB represents all beneficiaries in a geographic area such as a region or a catchment area. Second, the Report Card presents secondary data; that is, it reconfigures data from other sources of health care information. Specifically, performance measures that appear to be the same as ones in the HSCDB are, in fact, based on HSCDB data. Other performance measures are based on MTF Customer Satisfaction Survey data or on Standardized Inpatient Data Records.

The Findings in Context with a National Civilian Benchmark

Some of the regional tables on beneficiary satisfaction compare the percentage of DoD beneficiaries who are satisfied with their health care with a national benchmark of civilian satisfaction. The national civilian benchmark is based on the 1997 Household Survey conducted by the Center for Studying Health System Change, in Washington, D.C. The Center is a not-for-profit research organization funded by the Robert Wood Johnson Foundation in Princeton, New Jersey. The Household Survey collected data on satisfaction with health care in 1997 from approximately 1,300 families in 60 sites nationally. Satisfaction measures included overall health care, choice of providers, technical quality of care received at last visit, and provider-patient communication.

Organization of this Report

- Chapter II presents an overview of the dependent and independent variables that were used to construct the tables in the appendices.
- Appendix A presents the backup information for the report “Key Findings for Alaska,” in table format. In “Key Findings for Alaska”, the findings are presented in a graphical format; in Appendix A that same data appears in tabular form.
- Appendix B presents key survey results by region for all TRICARE regions. The table numbers found in Appendices B and C correspond to the Chartbook Tables and thus are not consecutive within either appendix.
- Appendix C presents key survey results by catchment area for all catchment areas in Alaska.
- Appendix D presents more in-depth survey results for the MHS as a whole.
- Appendix E presents the annotated Form A questionnaire, which was sent to adults.

Chapter

2

Analysis

This chapter reviews the 1997 HCSDb dependent and independent variables used in the construction of the tables.

Dependent Variables

Dependent, or outcome, variables represent the research questions the survey is designed to answer. For example, beneficiary satisfaction and access are dependent variables in this analysis. The research questions are listed in Chapter 1. Generally, dependent variables form the rows of the tables. Dependent variables are grouped according to a particular topic such as satisfaction or access.

In the appendices that follow, there is a section devoted to each major dependent variable topic.

Satisfaction

The degree of satisfaction beneficiaries feel about their military health care is measured in a number of ways. The primary measures are questions 51a (overall satisfaction), 52a-gg (33 questions about specific aspects of health care), 51b (likelihood of recommending TRICARE), and 83 (likelihood of enrolling in TRICARE in the next 12 months). The analogous questions for civilian health care for the first three areas are 66a, 67a-gg, and 66b. There is no question on civilian health care that corresponds to question 83 on to the likelihood of enrolling in TRICARE.

In many tables and charts in this report, the 33 questions that reflect satisfaction with specific aspects of health care are summarized by six scales, based on factor analysis:

- Access to appointments (questions 52g-j, 67g-j)
- Access to system resources (questions 52a-f, k, gg, 67a-f, k, gg)
- Technical quality (questions 52l-s, 67l-s)
- Interpersonal concern (questions 52t-aa, dd, 67t-aa, dd)
- Choice and continuity (questions 52bb-cc, 67bb-cc)
- Finances (questions 52ee-ff, 67ee-ff)

The results of the factor analysis determined which of the 33 questions were combined in each of the six scales. The value of a scale for one respondent is the simple arithmetic average of the respondent's answers to the detailed questions that make up that scale.

Other measures of satisfaction are used in the tables without any recoding:

- Reasons for not using the MTF for most care, question 56
- Satisfaction with CHAMPUS, question 69
- Satisfaction with dental care, question 87

Access

Access to medical care is measured by four questions: number of telephone calls to make an appointment (question 47), length of wait for an appointment (question 50), length of wait in the office waiting room (question 48), and travel time to the appointment (question 49). Because different standards apply to different types of appointments, the length of wait for an appointment is broken into type of appointment such as routine care (question 50a), minor illness or injury (question 50b), chronic condition (question 50c), and urgent care (question 50c). The quality of access is determined by comparing the answers to these questions to TRICARE standards:

- Was the respondent able to obtain an appointment for medical care by making only one or two phone calls?
- Did the respondent wait 30 days or less for an appointment for routine care from the medical provider?
- Did the respondent wait seven days or less for an appointment with the medical provider for minor illness?
- Did the respondent wait 30 days or less for an appointment with the medical provider for chronic illness?
- Did the respondent get a same-day appointment for urgent care from the medical provider?
- Was the wait in the provider's office less than 30 minutes?
- And did the respondent have to travel for less than 30 minutes to reach the medical provider?

Knowledge and Information Sources about TRICARE

Knowledge of TRICARE is measured by whether the respondent has heard of TRICARE, (question 70), and the respondent's level of knowledge of TRICARE, (question 71). The sources of the respondent's information about TRICARE are indicated by question 72. These variables are presented in tables without recoding.

Use of Preventive Care

The questionnaire includes a number of questions about the use of preventive care. In general, these questions ask how long ago the respondent used a specific type of preventive care. The questions cover routine physical (question 11), blood pressure reading (question 12), cholesterol screening (question 13), immunization or flu shot (question 14), lifestyle advice (question 15), dental exam, (question 16), advice on how to quit smoking (question 20), prostate exam (question 23), Pap smear (question 24), breast self-exam (question 25), mammography (question 26), breast exam by a health professional (question 27), and prenatal care (question 29). The respondent is also asked about the use of tobacco (questions 17, 18, and 21) in preparation for the question on advice on how to quit smoking, and about pregnancies (question 28) in preparation for the question on prenatal care. Each question is recoded to a binary variable indicating whether or not the care received meets an accepted standard for care, generally the Healthy People 2000 goals:

- Has the respondent had a general physical within the past year?
- Has the respondent had a blood pressure check within the past two years?
- Has a cholesterol screening been done in the past five years?
- Has the respondent had an immunization or flu shot within the past year?
- Has the respondent received advice in the past year from a health provider on ways to stay healthy through diet, exercise, or other lifestyle changes?
- Has the respondent had a dental exam within the past year?
- For all current smokers and those who quit within the past year, did they receive any counseling on how to quit smoking within the past year?
- For all men age 40 and over, have they had a prostate exam within the last two years?
- For all women, have they had a Pap smear within the past three years?
- For women age 40 to 49, has a mammography ever been done?
- For women age 50 and over, have they had a mammography within the past year?
- For all women, has there been a breast exam by a health care professional within the past year?
- For women who are now pregnant or were pregnant in the past year, did their prenatal care begin in the first trimester? If a woman is currently in her first trimester but has not yet received prenatal care, she is excluded from this population.

Use of Care

Use of care is measured by whether, in the past 12 months, the respondent received any care from a military provider (question 43), received any care from a civilian provider (question 58), had any outpatient visits (question 46 for military providers and question 61 for civilian providers), spent any nights in the hospital (question 44 for military providers and question 59 for civilian providers), used an emergency room when appointment was unavailable (question 32 & 33), and used any dental care (question 85).

Source of Care

Source of care is measured by whether the respondent has a regular source of care (question 30), usually goes to a military facility (question 31), or usually goes to a civilian facility (question 31). Military facilities include a military clinic or hospital, a PRIMUS clinic, and a NAVCARE clinic. A civilian facility is considered to be a civilian clinic or hospital, a Uniformed Services Treatment Facility (USTF), or a Veterans Affairs (VA) clinic or hospital.

Beneficiary Characteristics

Health Status. *Health status* is based on a battery of 12 questions called the SF-12, which was developed by the Medical Center of New England under a grant from the Henry J. Kaiser Foundation. From the 12 questions, we computed two overall scores for each beneficiary – the composite physical health score and the composite mental health score. Responses to questions 1-7 are weighted and aggregated using SF-12 physical and mental health regression weights, then standardized to have a mean of 50 for the general U.S. population.

Enrollment Status. Enrollment in TRICARE Prime is determined by the DEERS variable for beneficiary type at the time of data collection and the response to question 76. All active duty personnel are enrolled in TRICARE Prime and have a military primary care manager (PCM); the DEERS sampling variable BGCSMPLP identifies respondents as active duty. For all other respondents, responses to question 76 and 79 allow us to categorize enrollment in this way:

- Enrolled with military PCM
- Enrolled with civilian PCM
- Not enrolled
- Not sure if enrolled

Independent Variables

Independent, or explanatory, variables do not directly represent research questions, but they may help to explain differences in one or more of the outcome variables. They may also be correlated with one or more dependent variables. For example, a beneficiary's satisfaction with health care (the dependent variable) may be correlated with whether she/he received health care from military providers or civilian providers. Each table in this report is designed to help determine whether a particular dependent variable is correlated with a particular independent variable.

This section presents the grouping of independent variables for purposes of constructing the tables and charts. Nearly all these explanatory variables are used to define columns in tables in the adult summary chartbook, child summary chartbook, or the regional reports. A few of them are used to define the populations included in the table or chart.

Beneficiaries Using Military Health Care or Civilian Health Care

A respondent is considered to have used military health care if she/he indicated in question 43 that she/he received any health care from a military provider in the previous 12 months.

Similarly, a respondent is considered to have used civilian health care if she/he indicated in question 58 that she/he received any health care from a civilian provider in the previous 12 months.

These variables define the column subheadings “Military Care” and “Civilian Care” in several tables and charts on satisfaction and access. They also define the population in tables titled “Beneficiaries Using Military Care, Civilian Care, or Both.” Survey respondents were excluded from such tables if they used neither military nor civilian health care in the previous 12 months. The variables also define the population in tables titled “Beneficiaries Using Both Military Care and Civilian Care.” Survey respondents were excluded from such tables if they used military health care only, civilian health care only, or neither military nor civilian health care in the previous 12 months.

The variables based on questions 43 and 58 were called “past use of care” in the analysis of the 1996 Survey. A few of the regional report and chartbook tables use a different variable, “regular source of care,” which is based on question 31. If in question 31 the respondent indicated she/he usually used a military clinic, military hospital, PRIMUS clinic, or NAVCARE clinic, then the regular source of care is considered to be military. Otherwise, the regular source of care is considered to be civilian.

Location

A respondent’s catchment area is the sampling variable derived from DEERS at the time of data collection. Using this variable CACSMPLP, respondents are classified into domestic TRICARE regions (Northeast, Mid-Atlantic, Southeast, GulfSouth, Heartland, Southwest, Desert States, North Central, Southern California, Golden Gate, Northwest, Hawaii, and Alaska) or overseas TRICARE regions (Europe, Western Pacific, or Latin America).

Gender

The respondent’s gender is the answer to question 22 for adults and question 2 for children or the DEERS value for sex if the relevant question is not answered.

Beneficiary Type

The respondent’s beneficiary type is determined from the DEERS variable BGCSMPLP, recoded from six categories to four:

- Active duty
- Active duty family member
- Retiree, survivor, and their family members under age 65
- Retiree, survivor, and their family members age 65 or over

Service Affiliation of Facility

The service affiliation of the catchment area treatment facility is coded as Army, Navy, or Air Force, and is derived from the DEERS sampling variable for catchment area (CACSMPLP).

Enrollment

The label enrollment means enrollment in TRICARE Prime. This variable is derived from question 76 and beneficiary type. The enrolled population is segregated into active duty, as defined above under beneficiary type, and nonactive duty respondents. We make this distinction because active duty personnel are automatically enrolled in TRICARE Prime, unlike non-active duty respondents, who can choose among TRICARE Prime, TRICARE Extra, or TRICARE Standard.

Those not enrolled under age 65 include those who indicate in question 76 that they are not enrolled in TRICARE Prime and in question 93 that they are under age 65. Those not enrolled age 65 or over include those who indicate in question 76 that they are not enrolled in TRICARE Prime and in question 93 that they are age 65 or over. We make this distinction because the choice of plans available to each of these two groups differs. Respondents under the age of 65 can choose among TRICARE Prime, TRICARE Extra, or TRICARE Standard. Respondents age 65 or more are no longer eligible for TRICARE and are eligible for Medicare.

A few tables include enrollment in TRICARE Active Duty Family Member Dental Care plan (enrolled in ADFMPD), based on question 88.

Insurance Coverage

Coverage by CHAMPUS is measured by question 34, and coverage by CHAMPUS Supplemental by question 35. Coverage by Medicare Part A is measured by question 36, coverage by Part B in question 37, and coverage by Medicare Supplemental in question 39. Coverage by a private medical insurance is measured by question 40, and enrollment in an HMO by question 38.

This section of the questionnaire also includes a question about financing private health insurance (question 41), which indicates whether the private insurance is financed by the respondent, her/his employer, or the spouse's employer.

Phase of TRICARE Implementation

Phase of TRICARE implementation is a recoding of the variable for TRICARE region, as defined earlier in the section on location. The new variable is used to determine whether the key dependent variables, such as satisfaction with or access to care, are correlated with how long TRICARE has been in place in the region. For example, it is used to determine whether satisfaction with health care is greater among beneficiaries in regions in which TRICARE has been implemented for several years, relative to beneficiaries in regions in which TRICARE has recently

been implemented.

Mature TRICARE includes Regions 6, 9, 10, 11, and 12 where TRICARE was implemented before April 1, 1996. New TRICARE includes Regions 3, 4, and 7/8 where TRICARE was implemented after April 1, 1996 but before April 1, 1997. Pre-TRICARE includes Regions 1, 2, 5, Alaska, and overseas regions where TRICARE implementation started after December 1, 1997.

Health Status

Health status is the physical health composite score and mental health composite score from the SF-12, questions 1 through 7 of the adult questionnaire (see Health Status, p.8). The tables present the top quartile, which contains those respondents who, according to their age, fall within the national norm for the top 25 percent. The tables also present the bottom quartile, which contains those respondents who, according to their age, fall within the national norm for the lowest 25 percent. The regional reports show those respondents whose health status scores fall below the national median for their age group.

Primary Care Manager (PCM) Type

PCM type, military PCM or civilian PCM, is the answer to question 79 in the adult questionnaire for all but active duty personnel, who always are assigned military PCMs.